

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

|                 | AS FILED |      | AFTER<br>1st AMENDMENT |      | AFTER<br>2nd AMENDMENT |      |
|-----------------|----------|------|------------------------|------|------------------------|------|
|                 | IND.     | DEP. | IND.                   | DEP. | IND.                   | DEP. |
| 1               | /        |      | /                      |      |                        |      |
| 2               | /        |      | /                      |      |                        |      |
| 3               |          |      |                        |      |                        |      |
| 4               |          |      |                        |      |                        |      |
| 5               |          |      |                        |      |                        |      |
| 6               | /        |      | /                      |      |                        |      |
| 7               | /        |      | /                      |      |                        |      |
| 8               | /        |      | /                      |      |                        |      |
| 9               | /        |      | /                      |      |                        |      |
| 10              |          |      | /                      |      |                        |      |
| 11              |          |      | /                      |      |                        |      |
| 12              |          |      | /                      |      |                        |      |
| 13              |          |      | /                      |      |                        |      |
| 14              |          |      | /                      |      |                        |      |
| 15              |          |      | /                      |      |                        |      |
| 16              |          |      | /                      |      |                        |      |
| 17              |          |      |                        |      |                        |      |
| 18              |          |      |                        |      |                        |      |
| 19              |          |      |                        |      |                        |      |
| 20              |          |      |                        |      |                        |      |
| 21              |          |      |                        |      |                        |      |
| 22              |          |      |                        |      |                        |      |
| 23              |          |      |                        |      |                        |      |
| 24              |          |      |                        |      |                        |      |
| 25              |          |      |                        |      |                        |      |
| 26              |          |      |                        |      |                        |      |
| 27              |          |      |                        |      |                        |      |
| 28              |          |      |                        |      |                        |      |
| 29              |          |      |                        |      |                        |      |
| 30              |          |      |                        |      |                        |      |
| 31              |          |      |                        |      |                        |      |
| 32              |          |      |                        |      |                        |      |
| 33              |          |      |                        |      |                        |      |
| 34              |          |      |                        |      |                        |      |
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| 37              |          |      |                        |      |                        |      |
| 38              |          |      |                        |      |                        |      |
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| 48              |          |      |                        |      |                        |      |
| 49              |          |      |                        |      |                        |      |
| 50              |          |      |                        |      |                        |      |
| TOTAL<br>IND.   | ↓        |      | ↓                      |      | ↓                      |      |
| TOTAL<br>DEP.   | ↓        |      | ↓                      |      | ↓                      |      |
| TOTAL<br>CLAIMS |          |      |                        |      |                        |      |

|                 | *    |      | *    |      | *    |      |
|-----------------|------|------|------|------|------|------|
|                 | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51              |      |      |      |      |      |      |
| 52              |      |      |      |      |      |      |
| 53              |      |      |      |      |      |      |
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| 63              |      |      |      |      |      |      |
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| 83              |      |      |      |      |      |      |
| 84              |      |      |      |      |      |      |
| 85              |      |      |      |      |      |      |
| 86              |      |      |      |      |      |      |
| 87              |      |      |      |      |      |      |
| 88              |      |      |      |      |      |      |
| 89              |      |      |      |      |      |      |
| 90              |      |      |      |      |      |      |
| 91              |      |      |      |      |      |      |
| 92              |      |      |      |      |      |      |
| 93              |      |      |      |      |      |      |
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| 95              |      |      |      |      |      |      |
| 96              |      |      |      |      |      |      |
| 97              |      |      |      |      |      |      |
| 98              |      |      |      |      |      |      |
| 99              |      |      |      |      |      |      |
| 100             |      |      |      |      |      |      |
| TOTAL<br>IND.   | ↓    |      | ↓    |      | ↓    |      |
| TOTAL<br>DEP.   | ↓    |      | ↓    |      | ↓    |      |
| TOTAL<br>CLAIMS |      |      |      |      |      |      |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS